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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Joseph B. Kejha
	Title	Lithium Based etc.
	Art Unit	
	Examiner Name	
	Attorney Docket Number	1391P

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Zachary T. Wobensmith, III	26,524

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Zachary T. Wobensmith, III				
Address	6091 Carversville/Wisner Road P.O. Box 370				
City	Pipersville	State	PA	Zip	18947-0370
Country	USA				
Telephone	(215) 766-9976	Fax	(215) 766-1990		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph B. Kejha</i>	Date	11-15-04
Name	Joseph B. Kejha	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	11-15-04
Name	W. Novis Smith	Telephone	
Title and Company			

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Reg'd PCT/PTO 06 DEC 2004 10/516986

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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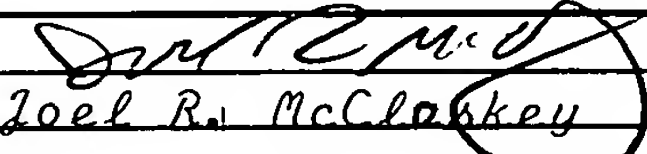
<input checked="" type="checkbox"/> Firm or Individual Name	Zachary T. Wobensmith, III				
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City	Pipersville	State	PA	Zip	18947-0370
Country	USA				
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	11-15-04
Name	Joel R. McCluskey	Telephone	
Title and Company			

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1391P
First Named Inventor	KEJHA, Joseph B.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*LITHIUM BASED ELECTROCHEMICAL DEVICES HAVING A CERAMIC
SEPARATOR GLUED THEREIN BY AN ION CONDUCTIVE ADHESIVE*

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/08/2002 as United States Application Number or PCT International

Application Number PCT/US02/18175 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I hereby claim the benefit of small entity status 37CFR Sec. 1.9f
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all
correspondence to:☐The address
associated with
Customer Number:

OR

☒Correspondence
address below

Name

Zachary T. Wobensmith, III

Address

6091 Carversville/Wisner Road, P.O. Box 370

City

Pipersville

State

Pennsylvania PA

ZIP

18947-0370

Country

USA

Telephone

(215) 766-9976

Fax

(215) 766-1990

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Joseph B.

Family Name or Surname

Kejha

Inventor's Signature

Joseph B. Kejha

Date

11-15-09

Residence: City

Meadowbrook

State

Pennsylvania PA

Country

USA

Citizenship

US

Mailing Address

1830 Columbia Avenue

City

Folcroft

State

Pennsylvania

Zip

19032-0005

Country

USA**NAME OF SECOND INVENTOR:**☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

W. Novis

Family Name or Surname

Smith

Inventor's Signature

W. Novis

Date

11-15-09

Residence: City

Philadelphia

State

Pennsylvania PA

Country

USA

Citizenship

US

Mailing Address

1830 Columbia Avenue

City

Folcroft

State

Pennsylvania

Zip

19032-0005

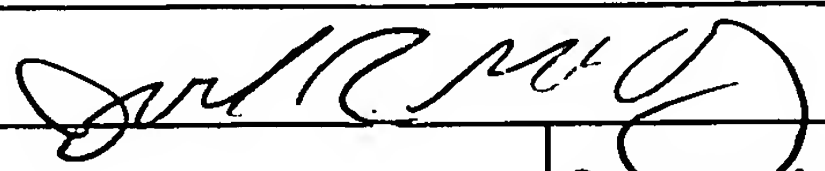
Country

USA☐

Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Joel R.</u>		<u>McCloskey</u>	
Inventor's Signature 		Date <u>11-15-04</u>	
Residence: City <u>Philadelphia</u>	State <u>Pennsylvania</u>	Country <u>USA</u>	Citizenship <u>US</u>
Mailing Address <u>1830 Columbia Avenue</u>			
City <u>Folcroft</u>	State <u>Pennsylvania</u>	Zip <u>19032-0005</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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